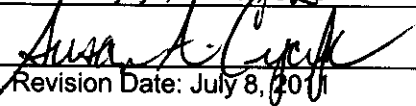




**Department of Services for Children, Youth and Their Families  
State of Delaware**

CORPORATE COMPLIANCE			
Authored by:	Kelly Lovelace, LCSW	Title: Manager of Quality Improvement	
Approved by:	Susan Cychk, M. Ed, CRC	Title: Division Director	
Signature:		Date Adopted: 7/11/11	
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**I. PURPOSE**

The purpose of this policy is to establish corporate compliance within the Division and standards of monitoring corporate compliance with contracted parties.

**II. SCOPE OF APPLICABILITY**

This policy applies to DPBHS staff and those whom DPBHS compensates for services.

**III. POLICY STATEMENT**

It is the policy of the Division of Prevention and Behavioral Health Services to promote corporate compliance. The acceptance of federal funding requires acceptance of the responsibility and accountability for tracking funds and determining and overseeing how funds are being used and reported. Receiving federal funding not only relates to direct federal funding but also indirect funding, such as that funneled through state Medicaid or other programs. The receipt of federal funding may occur in a variety of ways, including the direct receipt of Medicaid funding or through another entity such as block grants or funding through being a federally funded network.

Grant Funded Programs

Any Program Administrator assigned to a grant funded program is responsible to be aware of and in compliance with all statutory regulations that relate to the grant.

Contracted Services

The Quality Improvement and Provider Services Units, as well as the Department's Centralized Contract Unit are responsible for monitoring service providers. All billing and expenditures must be consistent with federal guidelines and/or contractual expectations. Documentation to support and verify billable events and expenditures is required and must be maintained and available for review by Departmental staff upon request. Each year, each agency that provides services will be audited on the previous calendar year's billable services. A 10% random sample will be audited. Each agency will receive a percentage compliance rating based on the quantity of claims reviewed and errors found. Billing errors may include, but are not limited to, no documentation, insufficient documentation, medically unnecessary services, and/or incorrect coding. Should an error be found, providers will have the option to 1) have DPBHS staff extrapolate the error percentage across their billing for that year to determine a pay back amount or 2) fund a full audit to be completed by a private agency and subsequently return payment for all inappropriate billing.

**IV. DOCUMENTATION**

Copies of all corporate compliance audits will be maintained by the DPBHS Quality Improvement Unit.

**V. QI/QA MEASURES**

Monitoring Reports which include corporate compliance or billing audits are provided to the Quality Management Committee. The Quality Management Committee will report significant findings and/or recommendations to Division Leadership at the next DPBHS Leadership meeting.